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AMPUTATIONS AT THE MASSACHUSETTS GENERAL HOSPITAL.

Statistics of the Amputations of Large Limbs that have been performed at the Massachusetts General Hospital, with Remarks. By GEO. HAYWARD, M.D., one of the Surgeons to the Hospital.

THE following table, it is believed, contains a list of all the amputations of large limbs that have been performed at the Massachusetts General Hospital since the establishment of that institution. Such particulars are added as were thought calculated to throw light on the subject. These, in a few instances, are not so full perhaps as could be wished.

This remark applies especially to some of the early cases, which occurred at a period when the records of the hospital were not kept with that precision that has since been adopted. The omissions, however, are not thought to be such as will impair, to any extent, the value of the table.

The statistics of amputation are very desirable. They may probably lead to practical results of some importance. From what has recently been published, it is evident that amputation is more often followed by the death of the patient, than was formerly supposed. But to what extent this can be attributed to the operation itself, or to the disease or injury for which it was performed, cannot be precisely determined.

It has been stated, that more than one half of all whose limbs are amputated at some of the hospitals of Paris, die; and it appears, from a very valuable paper published by Dr. Norris in the No. of the American Journal for August, 1839, that of 55 patients, being the whole number on whom amputation was performed in the Pennsylvania Hospital during a period of eight years, 21 died.

And yet, these unfavorable results cannot fairly be attributed to the operation alone. There are a variety of causes that would exert a bad influence in the hospitals of Paris, that are not to be met with in those of our country. The former are more crowded, less comfortable, and badly ventilated, in comparison with similar institutions here, and it is believed that the after treatment is not so faithful and assiduous as with us.

Dr. Norris has no doubt suggested the true cause of the large proportion of fatal cases in the Pennsylvania Hospital, and that is that the operation was probably in many cases too long delayed, in the hope of saving the limb. No one can doubt, who knows anything of that institution, that nothing would be omitted that would be thought likely to add to the comfort and safety of the patient.

A Table of the Amputations of Large Limbs that have been performed at the Massachusetts General Hospital.

No.	Name.	Age	Time of admission.	Disease or injury.	Time of operation.	Place of operation.	Result.	Time of discharge or death.
1	Francis Vanvector,	60	Jan. 26, 1822. 1823.	Compound fracture of the right leg. Large ulcer inside of left knee.	Feb. 5, 1822. 1823.	Below knee.	Died.	Feb. 11, 1822.
2	Sarah Ann Newell,	42	Nov. 1, 1823.	Frost-bite—both feet.	Nov. 18, 1823.	Above knee.	Recovered.	June 21, 1824.
3	John F. Manco,	22	Dec. 19, 1824.	White swelling seven years—left knee—much bent.	Dec. 20, 1824.	Below knee, both legs.	Recovered.	April 2, 1824.
4	William C. Stone,	16	March 27, 1825.	Swelling eighteen months—right knee.	March 30, 1825.	Above knee.	Recovered.	May 4, 1824.
5	Lawrence Ryan,	18	May 29, 1825.	Compound fracture of right leg—fracture.	June 17, 1825.	Above knee.	Died.	June 30, 1824.
6	William Littlefield,	30	Nov. 19, 1825.	Abscess and fungus—right foot.	Dec. 4, 1825.	Above knee.	Died.	Dec. 5, 1824.
7	Thomas Hooper,	21	May 22, 1826.	Ulcerated tumor—right arm.	May 30, 1826.	Below knee.	Recovered.	July 30, 1825.
8	Moses Cheney,	57	Aug. 22, 1826.	Tumor on tibia—kicked by horse two years previous.	Aug. 27, 1826.	Above knee.	Recovered.	Oct. 6, 1825.
9	Luther Haskell,	41	Nov. 25, 1826.	Knee swelled three years—unable to walk six months.	Dec. 17, 1826.	Below knee.	Recovered.	March 1, 1826.
10	Levi Stearns,	22	Sept. 4, 1827.	Ulcers on leg—knee bent.	Dec. 9, 1827.	Above knee.	Recovered.	Feb. 12, 1827.
11	John Currier,	18	March 27, 1828.	Finger hammertoes.	May 9, 1828.	Above elbow.	Recovered.	June 8, 1827.
12	Samuel H. Burt,	34	April 17, 1828.	Swelled and stiff knee from injury, three months.	April 11, 1828.	Above elbow.	Recovered.	June 18, 1827.
13	Samuel G. Merrill,	8	April 6, 1828.	Serious disease of right elbow.	Dec. 8, 1828.	Above knee.	Recovered.	Dec. 14, 1827.
14	Margaret Twiss,	26	May 10, 1828.	Compound fracture of right leg.	Mar. 1828.	Below knee.	Recovered.	April 3, 1828.
15	Charles Richards,	30	Oct. 31, 1828.		Nov. 10, 1828.		Recovered.	Jan. 15, 1828.
16	John Cleverly,	23	April 23, 1829.	Painful tumor of knee, ten years.	May 9, 1829.	Above knee.	Died.	May 18, 1828.
17	John Evans,	17	Nov. 18, 1829.	Compound fracture.	Nov. 19, 1829.	Above knee.	Recovered.	Dec. 26, 1828.
18	George Hatten,	24	Dec. 6, 1829.	Dislocation of patella—Contraction of joint—Exceedingly painful.	Dec. 20, 1829.	Above knee.	Recovered.	Jan. 28, 1829.
19	Abigail Day,	50	March 4, 1829.	Fungus hematodes.	March 5, 1829.	Above knee.	Recovered.	May 9, 1829.
20	James Howsey,	27	May 15, 1829.	Compound fracture of leg.	June 3, 1829.	Below knee.	Died.	June 3, 1829.
21	Henry Mills,	23	May 29, 1829.	Compound, comminuted and complicated fracture of leg and knee.	May 30, 1829.	Above knee.	Recovered.	July 4, 1829.
22	Fernando Worcester,	12	Nov. 18, 1829.	Severe injury of knee joint.	Dec. 5, 1829.	Above knee.	Recovered.	March 15, 1830.
23	John Hatheway,	46	Jan. 27, 1830.	Ulcers on foot twenty years—on leg ten months.	Feb. 11, 1830.	Below knee.	Recovered.	March 30, 1830.
24	Elias Hause,	49	Jan. 29, 1830.	Fracture of both bones of left leg.	Feb. 26, 1830.	Below knee.	Recovered.	May 8, 1830.
25	Richard Alley,	49	June 24, 1830.	Oblique fracture of both bones of right leg.	June 1831.	Below knee.	Recovered.	Aug. 30, 1831.
26	Moses Chase,	23	June 24, 1831.	White swelling of knee, three years.	Nov. 27, 1831.	Above knee.	Died.	Dec. 21, 1830.
27	Abraham D. Phillips,	43	Dec. 18, 1831.	Irritable ulcers from injury.	Dec. 18, 1831.	Below knee.	Recovered.	March 11, 1831.
28	Elijah N. Barker,	10	June 28, 1832.	Thigh crushed by an anchor.	June 29, 1832.	Above knee.	Recovered.	Nov. 1, 1831.
29	Robert Caswell,	13	Jan. 2, 1832.	White swelling from injury—injured seven years after—limb useless.	Jan. 7, 1832.	Above knee.	Recovered.	Feb. 25, 1832.
30	Joseph Fernald,	26	March 21, 1832.	Knee strained six years before entrance—bones felt through fistula.	April 14, 1832.	Below knee.	Recovered.	July 13, 1832.
31	James Ryan,	27	April 25, 1832.	Integuments of leg crushed by wagon-wheel.	April 26, 1832.	Below knee.	Recovered.	July 17, 1832.
32	Benjamin Nourse,	57	June 5, 1833.	Ulcer around leg, twenty years.	June 1833.	Below knee.	Recovered.	March 12, 1833.

mentioned by any medical author, so far as I have examined. It consists in seizing the thumb, above the dislocation, with one hand, and with the other the first phalanx. The first phalanx is then tilted back until it stands upon its articulating surface, at nearly a right angle with the metacarpal bone. In this position it is held firmly. The thumb of the other hand (which maintains its grasp as before) is then placed against the proximal extremity of the phalanx, making firm pressure, when it readily glides into its natural position. I succeeded in reducing the dislocation in the above case without trouble, by following these few simple directions. Prof. Crosby remarked that "he had never failed, by this method, in the few cases which had occurred in his practice, although, in several instances, all the other methods usually adopted had been tried without effect;" and that "it was equally applicable to dislocation of all the phalanges."

The feasibility of this operation is obvious to every surgeon familiar with the anatomy of the parts. The principal resistance to be overcome in these cases, according to Mr. Liston, is the lateral ligaments. To which may, perhaps, be added the extensor primi internodii, and extensor secundi internodii muscles. Now when the first phalanx is tilted back, so that its articulating surface rests upon the dorsum of the metacarpal bone, the lateral ligaments, which before grasped the bone so firmly, are partially relaxed, and the bone placed in a situation to pass easily between them, into its natural place. The flexor brevis pollicis manus is put somewhat upon the stretch, and the direction of its action upon the bone changed, so as to act more directly upon the base of the bone, pulling it forwards. Consequently its contractions would aid, slightly, in the reduction.

Yours, &c.,

Hanover, N. H., June 23, 1840.

ARNOLD MORGAN, M.D.

MEDICAL REMINISCENCES.—NO. X.

[Communicated for the Boston Medical and Surgical Journal.]

DR. LEMUEL HOPKINS was the descendant of the Honorable Edward Hopkins, one of the first Governors of Connecticut. He was born in Waterbury, Parish of Salem, in that State, June 19, 1750. In very early life young Hopkins manifested a love of study and taste for science, which gave him distinction among his youthful associates. Dr. Hopkins did not receive the benefit of a collegiate education, but his fondness for books made ample amends for this deficiency of early advantages. He prepared himself with commendable diligence for the study of his profession, acquired an adequate knowledge of the Latin language, and imbibed an early love for philosophical inquiries. He commenced the study of medicine under the instruction of Dr. Jared Potter, then an eminent physician in Wallingford, Ct., and closed it with Dr. Seth Bird, no less distinguished for knowledge and experience. Dr. Hopkins commenced the practice of medicine in Litchfield, in his native State, where he continued eight or ten years. Here he acquired an extensive business and very considerable celebrity. From Litchfield he

moved to the city of Hartford, where he continued to reside till he died, in 1801. In Hartford Dr. Hopkins was considered, for a long time, at the head of the profession, had an extensive private practice, and was greatly consulted by his brethren, and respectable patients from abroad. He was much celebrated for his success in treating chronic complaints, particularly diseases of the lungs. Few men were masters of so many expedients for the successful management of the mind in the treatment of disease, as Dr. Hopkins.

He had a discriminating and inquisitive mind, great sagacity in looking into the hidden causes of disease, and a remarkable tact to adapt the remedies he prescribed, so as to satisfy his patients and their friends of their propriety and fitness. Although he was an extensive scholar in his profession, and used to spend whole days and nights with his books, yet he was most distinguished for his original conceptions, and the application of his own experience in the treatment of diseases ; and his resources, in this particular, were uncommonly happy and extensive. He was remarkable for frankness and integrity of character. His soul was above dissimulation or disguise. He had strong confidence in himself, and a faculty of inspiring it in others. He uniformly administered comfort and consolation to his patients, and when the case would admit of it, inspired strong hopes of recovery. His patients loved and caressed him, and, years after his death, would speak most feelingly of his kindness and attentions to them when sick.

In his person Dr. Hopkins was tall, lean and stooping ; his countenance was strongly marked, his eyes large and light ; his limbs uncommonly long and slender. He was by no means handsome, yet would impress a stranger, at the first interview, as an uncommon man.

Dr. Hopkins was married, in early life, to a Miss Stone of Litchfield, a woman of fine sense, who was universally esteemed where known. They had two daughters, one of whom, it is believed, is still living. Mrs. Hopkins survived her husband 25 years, and died in 1826, at an advanced age.

Dr. Hopkins was one of the founders of the Medical Society of Connecticut, and an active and efficient member of the Society for many years. He received the degree of Master of Arts from Yale College in 1784. He was also a star of the first magnitude in the constellation of poets and political writers in Connecticut, distinguished about the time of the American revolution and afterwards, and known as the "Hartford wits." Of this number, amongst others, were Alsop, Theodore Dwight, Humphries, Barlow and E. H. Smith. Some of the Dr.'s political writings are doubtless lost, or not to be distinguished among the multitude of political essays which filled the public papers of that time ; others have been preserved, and, with the poems, are to be found in newspapers published in Hartford, and other places in New England. The most distinguished of the poems were the *Anarchiad*, the *Echo*, the *Political Green House*, *Guillotina*, and some others preserved in the published volume of *American Poems*, particularly the *Hypocrite's Hope*, the *Cancer Quack*, and lines addressed to Ethan Allen. The *Anarchiad* ranked the highest as a poem. It was originally published

these had the other leg taken off at the same time below the knee ; of this number, 9 died. Of 23 patients whose legs were amputated below the knee, 2 having both legs removed, 5 died ; and of the 10 who had an arm amputated, 6 below and 4 above the elbow, 1 died.

This goes to confirm the prevailing opinion among surgeons, that amputation of the lower extremities is more often followed by fatal consequences than that of the upper, and that death takes place more frequently after amputation of the thigh, than after that of the leg. More than a quarter of those whose thighs were amputated died, while there was but little more than 1 death in 5 among those whose legs were removed below the knee, and only 1 of the 10 whose arms were amputated. This patient, too, died of delirium tremens. The operation, to be sure, did not arrest the progress of the disease, but apparently contributed nothing to the fatal result.

This table tends also to support the opinion, that patients who undergo amputation for chronic diseases are much more likely to recover than those on whom it is performed in consequence of recent accidents. Of the first class, there were 45 patients afflicted with various diseases, and of this number all recovered but 6 ; and of the remaining 22, whose limbs were removed on account of recent injuries, no less than 10 died ; being nearly half of the latter, and less than 1 in 7 of the former.

This fact certainly gives support to the opinion, that a state of high health is not favorable to surgical operations ; and it also tends to show that death after amputation is not by any means attributable in all cases to the operation alone ; for if it were, the proportion of deaths should be as large among one class of patients as among the other. There can be no doubt, I think, that the result is influenced very much not only by the age and constitution of the patient and the disease or injury for which the operation is performed, but also by the period at which it is done. I have before said that I thought that amputation was "often performed when it might have been avoided." But this remark applies principally to cases of recent injury. In those of chronic diseases of the limbs, the error is more apt to be of the opposite character ; the operation is either not performed, or if done at all, frequently not till it is too late. It cannot be denied, I think, that there is a disposition at the present day to defer amputation too long in cases of diseased limbs ; there is an unwillingness to admit that the morbid affection is beyond the reach of remedies, and the operation is too often postponed till other parts become affected, or the system is worn down by continual irritation. At length the limb is removed ; but the patient, already exhausted by disease and long suffering, is hurried to his end by the very means that might have saved him, if they had been earlier employed.

If amputation is frequently too long delayed in chronic diseases of the limbs, it is, I fear, very often resorted to in recent injuries earlier than it should be. Many limbs that have been removed might, probably, have been saved ; but where this cannot be done, it is rare that much inconvenience would follow from a little delay.

In most cases of accident sufficiently severe to justify amputation, the whole system has suffered a great shock, and an operation at this time,

before re-action is fairly established, is very likely to cut off what little chance the patient might otherwise have of recovery. While the extremities are cold and the action of the heart is feeble, the local injury is hardly, if at all, perceived, and adds nothing to the patient's sufferings. An operation cannot be required then; and yet how often it is done at that period; the better judgment of the surgical attendant sometimes being overruled by the importunate interference of the bystanders.

If the injury be not so serious as to cause almost immediate death, re-action usually comes on with proper management in a few hours, and then, if an operation be necessary, it can be done with a much greater prospect of success.

With regard to the ages of the patients operated on, it appears that there were

Under 20 years of age 13, of this number 1 died				
Over 20 and not exceeding 30	"	31,	"	8 "
" 30	"	40	"	3 "
" 40	"	50	"	2 "
" 50	"	60	"	1 "
Over 70	"	1,	"	0 "

Whole No. 67. No. of deaths, 14.
Amer. Jour. of Med. Sciences.

DISLOCATION OF THE THUMB.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Upon reviewing the various authors upon dislocations, I find that great importance is attached to the dislocation of the first phalanx of the thumb backwards upon the metacarpal bone. They all agree that it is an accident of very grave importance, always attended with doubtful results; that it often refuses to yield to the most powerful extension; and finally, as a dernier resort, division of the lateral ligaments is imperiously called for. Such being the general view of the profession, it would seem if any suggestions could be made which would tend in the least to remove the obstacles which have hitherto attended the reduction of this luxation, that they ought to be presented to the medical public.

A dislocation of this kind recently occurred in this vicinity, which fell under my treatment. The patient was a lad some seventeen years of age. In a scuffle with his companions he was thrown sideways, and reaching out his hand to save himself from a fall, the whole force came upon the point of his thumb, producing the injury in question. When consulted, I found the symptoms characterizing dislocations of this kind, viz., an eminence upon the dorsal, and a depression upon the palmar aspect of the thumb, together with considerable shortening. Knowing that Mr. Liston and other eminent surgeons considered it very difficult of reduction, even in recent cases, by the measures usually resorted to, I resolved first to adopt the method recommended by Prof. Crosby, of Dartmouth College, in his lectures; and one which has never been

While it is no doubt true that amputation is sometimes too long delayed, it is equally certain that it is often performed when it might have been avoided. It is difficult in many cases to decide on the best course, but the operation should not be done without the clearest evidence of its necessity, for it is a hazardous and painful one, and, even when perfectly successful, leaves the patient in a mutilated state.

It will be seen by the preceding table, that the results at the Massachusetts Hospital were somewhat more favorable than those at the Paris and Pennsylvania Hospitals above referred to. In a large proportion of these cases, the amputation was done by the circular incision; the flap operation was adopted occasionally, whenever there was reason to believe that a better stump could be made by it than by the other method. The dressings were always of a light and simple kind; consisting of two or three strips of adhesive plaster and a small compress and roller; and yet there are some surgeons of the present day, who would, perhaps, regard these as more cumbersome than was necessary.

If the bleeding was slight, the dressings were applied before the patient left the operating room; but if there was anything more than an oozing from the veins, they were deferred till a few hours after.

Secondary hemorrhage was not frequent, though it sometimes occurred; pressure was generally sufficient to arrest it, but occasionally it was found necessary to open the stump, and tie one or more vessels. In one case where hemorrhage occurred twelve days after the operation, from a diseased state of the posterior tibial artery, the femoral artery was tied. No one who had secondary hemorrhage died, and though it sometimes debilitated the patient, in no case was there any permanently injurious effect from it.

In all the cases it was attempted to heal the wound by the first intention, and in a few instances it was completely successful, but in by far the greater number it was only partially so.

It has not been the usual practice at the Massachusetts Hospital to administer an opiate before an operation, though in a few instances it has been done. In one case, where amputation was performed on a patient with delirium tremens, twelve grains of opium were given shortly before the operation; he became drowsy soon after and recovered.

It was not thought necessary to indicate the exact part of the limb at which each operation was done, but it was supposed to be enough to say whether it was above or below the knee. It may be proper to add, that in all the cases below the knee, it is to be understood that the amputation was performed above the ankle.

From this table it appears that there were 70 operations on 67 patients; three patients having two limbs removed. In one of these three cases, one operation was above and the other below the knee, and in the other two, both operations ~~were~~ below; the first patient died, and the other two did well.

Of the whole number operated on, 15 died and the remainder recovered, at least so far as to be able to leave the hospital; though it is probable that in some instances the disease may have returned.

There were 34 patients who had the thigh amputated, and one of

the age and residence of the applicant, and must be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

The application of no one will be considered, whose age is under 21 or over 28 years.

Progress of Phrenology.—Since Mr. Combe took his departure for Europe, very little is said on this heretofore engrossing topic. Still, a few individuals are devotedly pursuing investigations, and accumulating important facts illustrative of the leading principles of the science, which will be regarded, at some future period, with interest by philosophers.

Mr. L. N. Fowler, of New York, and his brother, who resides in Philadelphia, are collecting cabinets of casts—which embrace fac similes of the heads of men, women and children, who have been distinguished for qualities out of the common order of mankind—and the stranger who visits their collection is positively astonished at the results of their unobtrusive industry in this department of nature.

Through the politeness of Dr. Bond, we had an opportunity of inspecting the Philadelphia phrenological museum, for such it actually is, the other day—the rarest assemblage, perhaps, on this Continent, of unique skulls, and casts of persons now living. Each one is characterized by some development either a little out of the ordinary course, or so strongly marked by peculiarities as to be considered nearly, if not wholly unparalleled in the series of cranioscopical formations.

But with all the mass of materials thus brought together, we discovered that the possessor, much to our regret, was unfortunately defective in the organ of order. Things were heaped up in confused piles—a lot lying here and there, according to the condition of unoccupied corners of the apartment. In order to select a specimen not prominently in sight, one head is rolled over another, to the manifest injury, it would seem, of all in the neighborhood. Besides, such concussions, after a while, must essentially alter the original configuration of a head, and thus lead to a false estimate of the character of an individual to which the cast was supposed to have furnished an unerring guide.

Aside from these considerations, Mr. Fowler's immense variety and number of heads is unsurpassed in this country. Some provision should be made in Philadelphia for giving the whole a permanent, orderly location, that the learned, in which we include physiologists, phrenologists and antiquarians, might avail themselves of the benefits to be derived from such a wonderful exhibition.

The art of taking casts has been greatly improved by the Messrs. Fowler. Some of their work is quite equal to the best specimens of clay modelling by Clavenger or Ives. The bust of Dr. Reynell Coates was admirably finished, and altogether superior to any method before known to artists, or, at least, practised by them, in New England. If the progress of phrenology depends on accuracy in copying nature, in amassing specimens of her handy work, in connection with the study of mental phenomena, the science is surely losing nothing in the United States.

Fiske Fund Prize Questions.—The Trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, holden in Provi-

dence on the 24th of June, 1840, awarded their seventh premium, being fifty dollars, to Levi H. Holden, M.D., of Providence, for the best Dissertation on the Medical Botany of Rhode Island.

They now propose to the members of the Society, and to the medical faculty at large, the following questions or subjects for 1840-41, viz.:—
1st. Spinal Diseases—structural and functional. 2d. Dropsy—its causes, nature and treatment. For the best dissertation on each of these questions, the Trustees will award and pay the sum of fifty dollars, or present a gold medal of equal value, at the option of the successful competitor or competitors.

It is the wish of the Trustees that the dissertations should possess as little of a theoretical and as much of a practical character as possible; and that their authors avoid entering minutely into a *history* of the diseases, unless there be some special reason for so doing. It is also recommended that they avoid crowding their productions with a *detail* of recorded and easily accessible cases. As all of these points will be borne in mind in making the adjudication, competitors are advised to dwell no more upon them than may be necessary for a clear understanding of the subject, and of the principles by which they were guided in the selection of the treatment by them recommended.

Competitors are to forward their dissertations on or before the first of May, 1841, free of expense, and in the usual manner, to one of the Trustees. Previous to receiving the premium awarded to the successful dissertation, the writer of it must transfer to the Trustees, in behalf of the Rhode Island Medical Society, all his right and interest in the same. The trustees are Richmond Brownell, M.D., of Providence; T. C. Dunn, M.D., of Newport; and Jeremiah Williams, M.D., of Warren. It will be seen that the questions are no longer offered to the members of the Society only, but are thrown open to the members of the profession generally.

Living Snake in the Eye of a Horse.—A story has been circulating since February last, in most of the newspapers, of the existence of a snake in the eye of a horse, which we supposed to be untrue; but in the New York Journal of Medicine and Surgery, the editors, on their own authority, declare the account to be correct. They have examined the horse, and state that the snake has grown from half an inch, to be about three inches in length at this time. It is white, thread-like, has one larger extremity, supposed to be the head, and is wholly lodged in the anterior chamber of the eye, where it is in constant motion, revolving upon itself and twisting into various shapes. Singular as it may appear, the organ is not materially affected—nor is there any inflammation.

Nerves of the Cornea.—Dr. Pappenheim has succeeded in tracing minute twigs of nerves from the sclerotic coat into the cornea. For this purpose, he immerses the cornea in acetic acid, or in a solution of caustic potass, places it between two plates of glass, and examines it by transmitted light, with a lens of low power. They are most distinctly seen near the periphery of the cornea, where they form plexuses, but become scattered, and appear lost towards the central part. They are smaller than the fibres composing the lamellæ.—*Monatschrift für Medizin.*

pursuing it for some time, with his accustomed energy, he found himself suddenly affected with symptoms of dropsy of the chest, and from this time his decline was rapid. On the day preceding his death, an old and intimate friend called on him to inquire after his welfare. The doctor immediately accosted him thus : " You have come in very good time ; to night I shall die ; will you stay by me ? " He did, and witnessed the calm and dignified composure of a great mind throwing off its earthly tenement. His distress was great, his respiration laborious ; unable to lay down, he was seated in his chair, the windows of his apartment being open. He conversed freely, with a voice unsaluting, and a mind perfectly sensible. Moral and religious truths were the theme of his discourse. When his strength began to fail, he closed by saying, " God, who is the great author and governor of all things, regulates and controls all events ; even the smallest as well as the largest are the objects of his care. It is as necessary for us to die as to be born, that we may fill up the changes incident to our natures, and perfect his work with us." He then paused for a moment, and turning to his friend, said, " Let my family be called," which was done. A scene of affectionate kindness ensued, which cannot be described or forgotten. When the interview was closed, he said to his friend, " I have now finished the last duties of life ; lay me upon my bed and stay by me till I am dead." With the assistance of his friend he walked to his bed, composed himself as decently as possible, and never moved or uttered more.

He died April 14, 1801, aged 51 years.

S. B. W.

Worcester, April, 1840.

MEDICAL SOCIETY OF RHODE ISLAND.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—The Rhode Island Medical Society held its annual meeting in the Senate Chamber at Providence, the 24th ult.

The following gentlemen were elected officers for the three ensuing years :—Richmond Brownell, M.D., Providence, *President* ; Theophilus C. Dunn, M.D., Newport, *1st Vice President* ; Dr. Jeremiah Williams, Warren, *2d Vice President* ; Johnson Gardner, M.D., North Providence, *Recording Secretary* ; Hiram Allen, M.D., Smithfield, *Corresponding Secretary* ; Dr. Sylvester Knight, Providence, *Treasurer* ; David King, M.D., Newport, *Librarian and Cabinet Keeper for the Southern District* ; Isaac Hartshorn, M.D., Providence, *Librarian and Cabinet Keeper for the Northern District* ; Dr. Jabez Holmes, Bristol, Dr. Peleg Johnson, South Kingston, C. G. Perry, M.D., Newport, H. Turner, M.D., do., *Censors for the Southern District* ; George Capron, M.D., Providence, Lewis L. Miller, M.D., do., Ariel Ballou, M.D., Smithfield, William Grosvenor, M.D., Providence, *Censors for the Northern District*.

The following gentlemen were elected Fellows of the Society :—Samuel West, M.D., Benjamin Nichols, M.D., William A. Hubbard, M.D., John L. Millar, M.D., Almon Gushie, M.D., Thomas Nutting,

M.D., John H. Anthony, M.D., Almon C. Whitman, M.D., Lewis F. Gallup, M.D., Charles Jewett, M.D., and Dr. I. F. B. Flagg.

The following were elected Honorary Members of the Society :—
John B. Beck, M.D., of the city of New York ; Zadoc Howe, M.D., Billerica, Mass. ; William B. Stevens, M.D., Savannah, Geo. ; and Lyndon A. Smith, M.D., Newark, N. J.

A discourse was read before the Society by Dr. William Richardson, of Johnson ; and the premium of \$50 was awarded by the trustees of the Fiske Fund to Levi H. Holden, M.D., of Providence, for the best dissertation on the Medical Botany of Rhode Island.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 8, 1840.

MEDICAL STAFF OF THE ARMY.

INQUIRIES are frequently made, by strangers, to ascertain the method of obtaining a medical commission in the army of the United States. Whilst passing a day in Philadelphia, a short time since, we very opportunely made the acquaintance of Dr. Mower, of the army, and one of the medical examiners, who kindly furnished ready answers to all questions propounded to him relating to the service, which are embodied in the following paragraphs.

It is prescribed by law, that no one shall be appointed in this branch of the service who has not been examined, and found qualified, by a Board of Surgeons, or Assistant Surgeons, designated by the Secretary of War for that purpose. This designation is made at such times as the wants of the service render necessary ; when selections are made by the Secretary of the number of individuals he may deem it proper to have examined. To the persons thus selected, invitations are given to present themselves to the Board for examination. These invitations state the time and place of the meeting of the Board. The Board rigidly scrutinizes the pretensions of each candidate ; taking into consideration his physical qualifications and moral habits, as well as professional acquirements ; and reports favorably upon no case admitting of a reasonable doubt, as the health and lives of the officers and soldiers are objects too important to be committed to ignorant and incompetent hands. The Board reports the positive merit in the several branches on which the candidates are examined, and their relative merit, as shown by the whole examination. Those of whose qualifications the Board is satisfied, are appointed, and take rank in the department in the order of their relative merit.

Those candidates of whom the Board make an unfavorable report, are allowed, after the expiration of two years, if they desire it, a second examination, when, if they again fail, their names are dropped from the list of applicants.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable pre-requisites to appointment.

Applications must be addressed to the Secretary of War ; must state

in 24 Nos. in the American Mercury, a newspaper printed in Hartford, and can be found in the files of that paper from 1786 to 1788.

Dr. Hopkins was said to be the author of the plan of this poem. Its object was political. It was published about the time of the adoption of the constitution of the United States, and was designed to lash those who, on the one hand, were disposed to be too rigid or aristocratical in their notions of government; or, on the other, to be too liberal or democratic. As a specimen of serious poetry, the speech of Hesper to the Congress of 1787, in the poem, is an example. This may also be found in the volume of poems before named. Dr. H. was assisted by the "Hartford wits" in this production, and also in writing the Echo, in which his part was less conspicuous. His Political Green House was published in a pamphlet form. The Guillotina were a series of New Year's Addresses, published from year to year in the newspapers of Hartford, and were designed as a lash for the friends and advocates of the French Revolution.

Dr. Hopkins left some manuscripts on medical subjects, one particularly on pulmonary consumption, which is too valuable to be lost, and which is now in the hands of one of his medical friends.

Dr. H. had much eccentricity of character. His mind was truly original. He was a thorough scholar in whatever he attempted. He was familiar with all the best professional writings, ancient and modern, and was well versed in natural and moral science. He was intimately acquainted with the writings of all the British poets, and would often entertain his friends with long rehearsals from them. His memory was remarkably retentive. By study and observation he acquired much, and he remembered everything. His power of abstraction was great; when his mind was interested, nothing about him disturbed him. If he was reading, he would retain the same position for hours, and even a whole night, without apparent change. He would forget his meals, and sometimes his patients. The same would be true when he was writing, and even when reflecting upon some subject of interest.

Many interesting anecdotes are told of Dr. Hopkins, the relation of which would prolong this notice to an unreasonable length. The following must suffice. Once, when riding through a town eight or ten miles distant from his residence, he called, late in the day, on a medical friend, but declined to stay to tea or even remove his overcoat. His friend, knowing his peculiarity, ordered his horse to be put out without his knowledge. Tea being soon ready he consented to stop, and then proceed onward towards his home, visiting, as he expected to do, some patients on his way. After tea his friend introduced some subject of conversation which he knew would interest the doctor, and they got deeply engaged in the discussion, till, awaking from their reverie, they found it to be nearly morning. They concluded to retire. They rose late the next morning; the doctor visited some patients with his friend after breakfast, and spent the day and night much as they had the preceding. The next day Dr. H. felt quite in earnest to go home, and visit his patients on the road as he went along. His friend and host, having also patients in the same direction, proposed to accompany him till they

arrived at the houses of their respective patients, which were near to each other. After breakfast they started. The doctor proposed to his friend to dismount and walk, as it would afford them a better opportunity for conversation. They proceeded onward very leisurely, quite abstracted, till the spires of the city came distinctly in view. They halted, found it to be twelve o'clock, and that they had walked eight miles, and three or four by the houses of their patients at which they intended to have stopped. They concluded to mount their horses, ride back a mile or two to an inn, dine together, and then attend to business.

Dr. Hopkins was once sent for in great haste to visit a female patient of his own, in the crisis of fever, her friends supposing her dying. He entered the house, went to the sick-room, made a slight examination of the case, and left the room. The father of the patient said to the doctor, my daughter is dying, shall I not send for my clergyman? "If you do, send also for the undertaker that he may take the measure for her coffin," was his reply. The father, indignant at the rashness and severity of the doctor, expostulated in strong terms with him for his levity in this time of affliction and distress. The doctor explained—"You may as well send for the one as for the other; if your daughter is left undisturbed, she will recover, ; if in any way excited or alarmed, she will doubtless fail." The doctor's advice was followed, and the patient got well.

For some years previous to his death, Dr. Hopkins was affected with pulmonary disease, and was extremely feeble and emaciated. He continued to visit a few patients, almost to the day of his death. He was at best very far from handsome, and disease had not added to his personal beauty. While in this condition he visited and attended through a dangerous fever a most respectable lady in a neighboring town. After convalescence was well commenced, his visits had become infrequent. One day, while the patient was sitting by her bed, the doctor came to see her. She shook his hand cordially, and said to him, "Doctor Hopkins, I am glad to see you; you are the handsomest man I ever saw." "Indeed, madam," said he; "I am greatly fatigued, suffer me to throw myself on your bed before you, and take a nap, and you may sit and contemplate my beauty." Without further ceremony the doctor laid himself down to take his rest.

The moral character of Dr. Hopkins was irreproachable, and his whole life was distinguished for the practice of the moral virtues. In his youth he is said to have admired the writings of the French school of philosophers, but he lived to see the ill effects of these principles in the storm and anarchy of the French Revolution, and afterwards abandoned, if he ever embraced their sentiments, and his later writings exhibited different views. Towards the close of his life he made the Bible the object of his particular study, and thought favorably of christianity and its author.

Dr. Hopkins, like Rush, fell a sacrifice to the indiscreet application of a favorite remedy. Having, as he believed, pulmonary consumption at the time that Dr. Rush published his views of the treatment of that disease by bloodletting and starvation, he adopted the practice. After

Medical Miscellany.—A man lost his life in Boston, last week, in consequence of eating bread, sprinkled with arsenic, which had been placed in a cellar for rats.—Dr. J. H. Morse, of Amoskeag, has successfully performed for the restoration of a club-foot.—Dr. Flint's hospital, at Springfield, it will be seen, by reference to our advertising page, is now in much better condition for patients, than formerly.—A young gentleman in the armory of the Suffolk Guards, Quincy Hall, on Tuesday last, while in the act of dressing one of the pillars of the apartment with guns—the bayonets pointing up—had the ladder, on which he was standing, slip from under him. He clung to the pillar, but in sliding down, one of the bayonets entered the extended arm about four inches from the axilla, and came out three inches below the elbow. No vessel seemed to be wounded, and Dr. Lewis says he is recovering favorably.—Dr. Roby is appointed lecturer on Theory and Practice at the Medical Institution, Hanover, N. H., in place of the late professor of that department.

NOTICE TO ADVERTISERS.—An Advertising Sheet will be issued as a Supplement to the first number of the next volume of the Journal, on the 5th of August. As this is principally intended to prevent the pages of the Journal being taken up with the large number of advertisements which are usually sent to us in August, it is hoped that the officers of medical schools, booksellers and others, will forward their favors in season for the above, and that the insertion in the supplement will in most cases be thought sufficient without a continuance in the Journal. The price will be the same as for one insertion in the Journal.

Number of deaths in Boston for the week ending July 4, 21.—Males, 18—females, 3.—Stillborn, 3. Of consumption, 2—scarlet fever, 2—casualty, 3—inflammation of the lungs, 2—delirium tremens, 1—poison, 2—complaint of the liver, 1—ulcers, 1—dropsey in the head, 1—dropsey, 1—intemperance, 1—brain fever, 1—Inflammation in the bowels, 1—insane, 1.

REGISTER OF THE WEATHER,
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1840.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	V. 50	M. 60	S. 70	z. 29.50	z. 29.60	z. 29.60			
June.	50	60	70	29.50	29.54	29.40	N E	Rain	Wild rose in blossom.
1 Mon.	50	60	70	29.50	29.60	29.60	S E	Fair	Foggy morning.
2 Tues.	43	60	55	29.50	29.60	29.60	S E	Cloudy	Burgundy rose in blos. Rain in the night.
3 Wed.	50	60	65	29.51	29.42	29.33	S E	Rain	Tree toads musical.
4 Thur.	54	68	66	29.16	29.13	29.08	S W	Fair	Great rain. Cleared off at 9 A. M.
5 Frid.	60	74	70	29.01	29.26	29.30	N W	Fair	Fresh breeze from the South
6 Satur.	62	79	70	29.32	29.38	29.34	S W	Cloudy	Rain in showers.
7 Sun.	64	65	54	29.27	29.36	29.39	N W	Cloudy	
8 Mon.	50	66	65	29.50	29.56	29.60	N		
9 Tues.	52	74	74	29.63	29.70	29.72	N W	Fair	Very pleasant day.
10 Wed.	54	79	74	29.70	29.68	29.66	S W	Fair	Circle around the moon.
11 Thur.	62	82	77	29.56	29.48	29.43	N W	Fair	Fine growing season.
12 Frid.	66	82	76	29.31	29.29	29.26	N W	Fair	Shower in the night. Thunder and lightning.
13 Satur.	66	75	68	29.14	29.16	29.30	N W	Fair	Morning showery.
14 Sun.	54	68	65	29.33	29.38	29.40	N W	Fair	Aurora borealis.
15 Mon.	54	68	62	29.33	29.31	29.33	W	Fair	
16 Tues.	52	70	63	29.46	29.45	29.50	N W	Fair	Fine season.
17 Wed.	53	74	73	29.53	29.58	29.60	N W	Fair	Dusty in the streets.
18 Thur.	54	68	64	29.54	29.48	29.39	S	Fair	
19 Frid.	62	68	56	29.30	29.09	29.06	N W	Fair	Fine shower in the night.
20 Satur.	50	56	67	28.93	29.04	29.13	N W	Fair	Showery. Sun sets clear.
21 Sun.	54	72	70	29.20	29.26	29.29	W	Fair	
22 Mon.	60	80	73	29.25	29.30	29.36	W	Fair	
23 Tues.	59	77	74	29.48	29.59	29.60	S W	Fair	
24 Wed.	58	64	79	29.58	29.47	29.44	S W	Fair	
25 Thur.	68	79	70	29.38	29.42	29.42	N W	Fair	
26 Frid.	54	72	62	29.49	29.54	29.54	S E	Fair	
27 Satur.	58	72	65	29.53	29.50	29.43	S E	Cloudy	
28 Sun.	64	76	74	29.35	29.37	29.36	N E	Fair	Foggy morning.
29 Mon.	68	85	76	29.37	29.36	29.37	S W	Fair	Foggy morning.
30 Tues.	70	82	72	29.30	29.32	29.30	S W	Fair	Foggy morning. Shower in the evening.

The month of June has been a uniform and pleasant month. Vegetation, particularly grass, is very forward. The earth, at the last of the month, has been dry, little rain having fallen. Range of the thermometer has been from 45 to 85; barometer, 28.93 to 29.73.

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit one afternoon every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; and to the practice of one of the Dispensary districts. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

Surgery, by	DR. STEDMAN.
Theory and Practice of Medicine and Chemistry, by	DR. PERRY.
Midwifery, Materia Medica, Diseases of the Chest, and Demonstrations on Morbid Anatomy, at the Hospital, by	DR. BOWDITCH.
Anatomy and Medical Jurisprudence, by	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

June 17—eoptf M. S. PERRY, C. H. STEDMAN,

H. I. BOWDITCH, H. G. WILEY.

TO THE MEDICAL PROFESSION.

THE subscribers propose to issue, early in the summer, the first number of a Monthly Journal to be entitled "**THE NEW-ENGLAND JOURNAL OF PRACTICAL MEDICINE AND SURGERY.**"

The Journal will contain original articles from writers of established reputation; critical notices of new medical works; selected articles of interest and value from contemporary journals, foreign and domestic; and the latest general intelligence in medical and surgical science.

It is contemplated, so far as possible, to render available to the profession, through the columns of this Journal, the valuable information that may be obtained from the various public institutions in this city and vicinity; and every exertion will be made to render the Journal of practical value to its readers.

As there is at present but one Medical Journal in New England it has been thought probable that another, conducted upon the above plan, would meet with encouragement and support. Should it meet with your favor an early subscription is respectfully solicited.

The publishers have engaged as editors of the Journal, H. G. Wiley, M.D., and B. E. Cotting, M.D., who have been promised the co-operation and assistance of many of the leading physicians and surgeons in the city.

The editors and publishers pledge themselves that no exertions of their part shall be wanting to render it worthy of the confidence and encouragement of the profession.

Each No. will contain 60 pages octavo, to be printed in a handsome manner, and on good paper, at \$3.00 per annum.

Boston, June, 1840.

June 24—St

OTIS, BROADERS & CO.,
No. 120 Washington street.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures in this institution will commence on the first Thursday, 6th of August, 1840, and continue thirteen weeks.

Fee for the whole course, \$50. Fee for those who have already attended two full courses, \$10. Graduation fee, \$18.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
Principles and Practice of Surgery, by	WILLARD PARKER, M.D.
General and Pathological Anatomy, by	ROBERT WATTS, JR., M.D.
Chemistry, Materia Medica, and Jurisprudence, by	DAVID PALMER, M.D.
Anatomy and Physiology, by	ROBERT NELSON, M.D.

The Berkshire Medical Institution has been in operation about twenty years, and has been liberally patronised by the public. It has ever been the object of the trustees to make the advantages offered to students, by this School, correspond with the rapidly improving state of medical science.

Pittsfield, Mass., May, 1840.

June 20—IA

PARKER L. HALL, Sec'y.

DR. JOHN DELAMATER, late Professor in the College of Physicians and Surgeons at Fairfield N. Y., begs leave to announce his location at Saratoga Springs for the practice of physic and surgery; and that he may be found directly opposite the Columbian Hotel, Broadway, at the office of Dr. M. L. North, with whom he has formed a professional partnership.

June 24—St

Saratoga Springs, June 8, 1840.

PRIVATE HOSPITAL.

The success of this establishment, since it has been in operation, has encouraged Dr. Jones (my partner in business), to purchase the more spacious and convenient house in Elm street—recently occupied by Justice Willard, Esq.—for a hospital; and he is fitting it for the reception of patients. Dr. Jones and family will reside in the house, and have the charge of its internal economy, and his professional services, when necessary, will be added to my own.

The Hospital will continue to be, under our joint care, what it has heretofore been—"For the treatment of Invalids and for Surgical Operations."

Springfield, June 26th, 1840.

July 1—St*

JOSEPH H. FLINT.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$1.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.